SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE 10/364084 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS AFTER** AFTER **AS FILED** AFTER AFTER AS FILED 1"AMENDMENT 2 [™] AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND TOTAL DEP

TOTAL

CLAIMS

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CLAIMS

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